

Department of Health and Human Services
Office of MaineCare Services

PLEASE READ AND DISTRIBUTE TO CLAIMS STAFF
IMPORTANT CLAIMS INFORMATION FOR
Section 65-Mental Health

Please review the following suggestions to avoid common billing errors when completing the CMS-1500 Claim Form:

1. DATES OF SERVICE

All dates of service indicated on the claim must be within the Prior Authorization (PA) date range of the authorization.

2. PA NUMBER

The PA number must be included on the claim form in Box 23. If you do not have a PA number for the service that has been authorized, please submit the PA Review to APS Healthcare via CareConnection. If you are unable to access CareConnection, the PA Review may be submitted by phone (1-866-521-0027) or fax (1-866-521-0184).

3. PROCEDURE CODES AND MODIFIERS

The procedure code and modifier must be listed separately in their own columns in Box 24D of the CMS 1500 claim form. For example, if the procedure code is H2021, the modifier (in the next column) is HO

4. VALID MODIFIERS

When billing for:

- a. Bachelor's Level Behavioral Health Professional Staff, use modifier "HN"
- b. Masters' Level Clinical Staff, use modifier "HO"
- c. Services provided to children involved with Child Welfare (either Bachelor's or Masters), use "HU"
- d. Grandfathered (former BS-1) "Bachelor's Level" staff, add the U1 modifier as the second modifier, to the right of the first modifier, in Box 24D

MODIFIERS MUST MATCH

The billing modifier must be matched with the appropriately credentialed staff service provider. For example, a claim for 65M Services provided by a Masters Level clinician, should have procedure code H2021 with a "HO" modifier in the next column on the claim.

5. PROCEDURE CODES that require PA

Note: Services listed below do require a MECMS PA Number to be submitted with claims.

H2021-Comprehensive Community Support Services (Child and family behavioral health treatment) 15 minutes
this code uses modifiers HN, HO, HY, HU,

H0023-Behavioral Health Out Reach Services (Community Based Treatment for children without permanency) 15 minutes (65A02N)-this code uses modifiers HN, HO, HU

Note: Services listed below delivered **prior to January 1, 2008** do not require a MECMS PA Number to be submitted with claims. Services listed below delivered **January 1, 2008 and after** do require a MECMS PA Number to be submitted with claims.

H0018-Crisis support-out of home per diem

ZNC16- CHILDREN'S ACT SERVICE –monthly

H0018 HB Crisis support out of home per diem

PROCEDURE CODES that require PA continued (Section 65-Mental Health continued)

Note: Services listed below delivered **prior to February 1, 2008** do not require a MECMS PA Number to be submitted with claims. Services listed in this Billing Advisory delivered **February 1, 2008 and after** do require a MECMS PA Number to be submitted with claims.

G9007-Collateral Services-15 minutes- this codes uses modifiers HN, HO, HY, HU, HT, HK

*H2033 MST-15 minutes

*H2033 MST-PSB- 15 minutes (this code uses modifier HK)

H2021- with modifier HU U1 Comprehensive Community Support Services (Child and family behavioral health Treatment Bachelor's level for Child Welfare) 15 minutes

H0023-with modifier HU U1 Behavioral Health Out Reach Services (Community Based Treatment for children without permanency Bachelor's level for Child Welfare) 15 minutes (65A02N)

*** These codes are not active until policy is final.**

Note: Services listed below delivered **prior to March 1, 2008** do not require a MECMS PA Number to be submitted with claims. Services listed in this Billing Advisory delivered **March 1, 2008 and after** do require a MECMS PA Number to be submitted with claims.

H2027-Psychoeducation (family psychoeducation) 15 minutes

Z4107-Day treatment- per diem

Infant mental health

Z4121-Physician 15 minutes

Z4122-Psychiatrist 15 minutes

Z4123-Psychologist 15 minutes

Z4124-LSCW,LMSW 15 minutes

Z4125-LCPC,LMFT 15 minutes

Z4126-Psychiatric Nurse 15 minutes

Children's outpatient

H0025- FAMILY PSYCHOEDUCATION TREATMENT PROGRAM SERVICES

Z4127-Physician 15 minutes

Z4128-Psychiatrist 15 minutes

Z4129-Psychologist 15 minutes

Z4130-LSCW,LMSW 15 minutes

Z4131-LCPC,LMFT 15 minutes

Z4132-Psychiatric Nurse 15 minutes

Z4133-Psychological Examiner 15 minutes

Z4184-Group outpatient 15 minutes

MEDICATION MANAGEMENT

Z4141-Physician 15 minutes

Z4142-Psychiatrist 15 minutes

Z4143-Psychiatric Nurse 15 minutes

Z4144-Nurse Practitioner 15 minutes

Z4145-Physician's Assistant

Z4146-Registered Nurse

PROCEDURE CODES that require PA continued (Section 65-Mental Health continued)

Adults Outpatient

Z4155-Physician 15 minutes
Z4156-Psychiatrist 15 minutes
Z4157-Psychologist 15 minutes
Z4158-LCSW,LMSW 15 minutes
Z4159-LCPC,LMFT 15 minutes
Z4160-Psychiatric Nurse 15 minutes
Z4161-Psychological Examiner 15 minutes
Z4183-Group therapy 15 minutes

Medication management

Z4176-Physician 15 minutes
Z4177-Psychiatrist 15 minutes
Z4178-Psychiatric Nurse 15 minutes
Z4179-Nurse Practitioner 15 minutes
Z4180-Physician's Assistant 15 minutes
Z4181-Registered Nurse 15 minutes
Z4188-FAMILY PSYCHOEDUCATION TREATMENT PROGRAM-monthly (will be changing to H2027 15 minutes when Sections 17 and 65 go live.)

6. SERVICING PROVIDER ID NUMBER

For codes that require a servicing provider number, enter the servicing provider ID in Box 24K if you are using the CMS1500 (12/90) version of the claim form. Enter the servicing provider ID in Box 24J if you are using the CMS1500 (08/05) version of the claim form. If the service is provided by one of the Grandfathered (BS-l) "Bachelor Level staff", put the servicing provider number of the supervisor.

7. CONTRACT AND PROVIDER NUMBER

Please make sure your agency has a contract with DHHS and a MaineCare Provider Number to provide Mental Health Services before billing for these services. The Department will not be able to issue a PA to provide services until the appropriate specialties are added to your MaineCare Provider Number. You will not be able to bill for these services without a PA number.

8. MEMBER ELIGIBILITY

The provider is responsible to verify member eligibility prior to providing the service. Since PA's are issued for future dates of service, if the member's eligibility for the authorized service ends during the PA period, the provider will not be reimbursed by MaineCare for services provided after the member's eligibility has ended.

9. BILLING QUESTIONS

All billing questions should be directed to the MaineCare Billing and Information Unit at 1-800-321-5557, Option 8. This Unit will assist providers with billing resolution. If it is determined that the issue needs a higher level of intervention, the caller will be referred to the appropriate Provider Relations Specialist.